

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenneth Perlin

Application No.: 09/718,008

Filed: 11/21/00

For: METHOD AND APPARATUS FOR NOISE



CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R.
§ 1.8(a)(i)(1)(A))

I hereby certify that on August 2, 2011 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

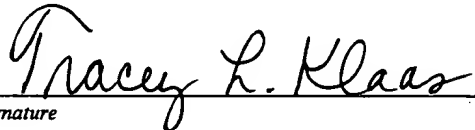
Fees: Three-month extension Amount: \$555.00 Payment By: Check

Other: AMENDMENT

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.


Signature

Telephone Number: 412-621-9222

Tracey L. Klaas
Type or print name of person certifying

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenneth Perlin

Application No.: 09/718,008

Group No.: 2628

Filed: 11/21/2000

Examiner: Jin Cheng Wang

For: METHOD AND APPARATUS FOR NOISE

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$555.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)						SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA							ADDIT. FEE	
TOTAL	4	— 20	= 0	x	\$	26.00	=	\$	0.00		
INDEP.	1	— 3	= 0	x	\$	110.00	=	\$	0.00		
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	0.00	=	\$	0.00		
						TOTAL ADDIT. FEE		\$	0.00		

No additional fee for claims is required.

FEE PAYMENT

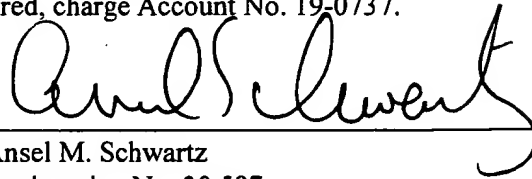
5. Attached is a check in the sum of \$555.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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